

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone: 812-948-4726

XLdOO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

		-	TO THE PERSON OF		
Establishment Name				Telephone Number	Date of Inspection (mm/dd/yr)  PERMIT #
Leksomi, 1Mc (Discont Tobaco)  Establishment Address (number and street, city, state, zip code)				812 725 9063	1/10/20 19-173
				484 358 9355	1,7.5,7.5.
2003	<i>(الحبيمو)</i>	ч.	Rd Non Albay, IN 47150		Follow-up Release Date
Owner	. "2 :	المالية	* Kunar	Purpose:	Follow-up Release Date  / day 5
Owner's A	ddress	7	K VMAY	Routine	
Owner s A	uuress			2. Follow-up	Summary of Violations:
Person in C	harge			3. Complaint	× × ×
H	1, "7	2.1	by King	4. Pre-Operational	C NC Z R
Herson's E-mail				5. Temporary	Menu Type (See back of page)
<b>E</b>				6. HACCP	
Certified Food Manager				7. Other (list)	1 X 2 3 4 5
				<del></del>	<u> </u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	<u> </u>		To Be Corrected By
347	100		Observed me hand drying at	BOH sink	Carrecked
433	MC		Observed map unfor medicy do	ungard	Corrected
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Received by (name and title printed):  Inspected by (name and title printed):					
Bobby A.). Ingram (EHS)					
Received by (signature):				Inspected by (signature):	· · ·
avel					3
ce:	_		ce:	<u> </u>	ee;
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